*Brit. J. vener. Dis.* (1964), **40**, 222.

# PSEUDO-CHANCRE REDUX WITH NEGATIVE SEROLOGY

## A CASE REPORT*

BY

A. J. EVANS AND R. SUMMERLY

*St. Thomas's Hospital, London, S.E.1*

Pseudo-chancre redux is rare and is defined as a gummatous (tertiary stage) recurrence at the site of the primary chancre (Stokes, Beerman, and Ingraham, 1944). The condition must be distinguished clinically and nosologically from chancre redux (monorecidive), which is an infectious relapse during the early phase of syphilis, at the site of the original chancre, from which treponemes may be recovered. In the tertiary stage of the late phase of syphilis, the routine serological tests for syphilis (Wassermann, Kahn) are usually positive and the *Treponema pallidum* immobilization (TPI) test almost invariably so.

We report here a patient with pseudo-chancre redux in whom both the standard serological tests and the TPI were negative.

### Case Report

**A married man aged 55** attended the Venereal Diseases Clinic in May, 1963, complaining of a circular lesion on the penis which was symptomless and which he had first noticed 4 weeks previously. He denied recent extramarital intercourse and was not taking any drugs.

In 1951 he had been treated in the same clinic for early syphilis in the sero-positive primary stage with penicillin (procaine penicillin 0·5 mega units daily for 15 days), arsenic (Mapharside 0·06 g. twice-weekly for 10 weeks), and bismuth (0·2 g. weekly for 10 weeks), which converted the Wassermann and Kahn reactions to negative. He was seen at regular intervals for 4 years, the serology remaining negative. His wife had received treatment for early latent syphilis in 1951.

*Examination.*—On the dorso-lateral surface of the penis adjacent to the prepuce was a firm, reddish-brown, oval plaque, 2·5×2 cm.; the surface was smooth, the lesion tending to be annular (Fig. 1).

There was no regional lymphadenopathy. Other systems were normal.

Diagnoses considered were tertiary syphilis, fixed drug eruption, granuloma annulare, lichen planus, and lymphocytoma cutis.

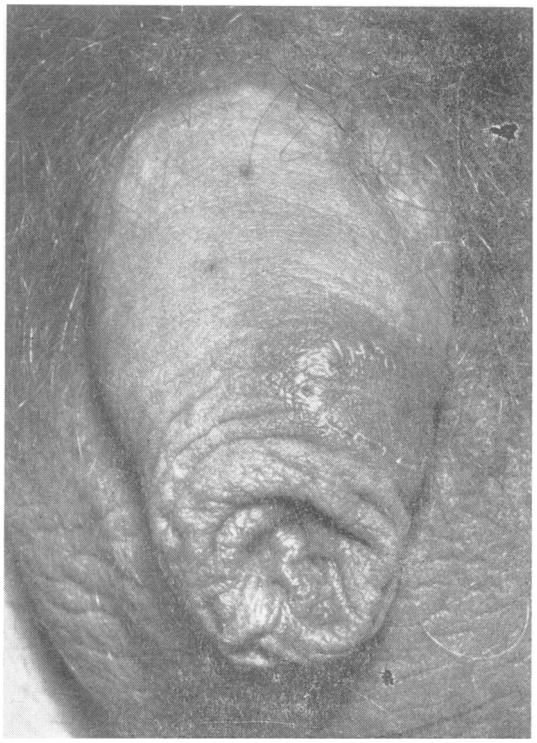

FIG. 1.—Annular lesion on dorso-lateral aspect of shaft of penis.

*Laboratory Investigations*

*Haematology:* Blood count and erythrocyte sedimentation rate normal.

*Serology:* Routine and cardiolipin Wassermann reactions (WR) negative. Reiter protein complement-fixation (RPCF) test, fluorescent treponemal antibody (FTA) test, and *Treponema pallidum* immobilization (TPI) test all negative.

* Received for publication March 9, 1964.

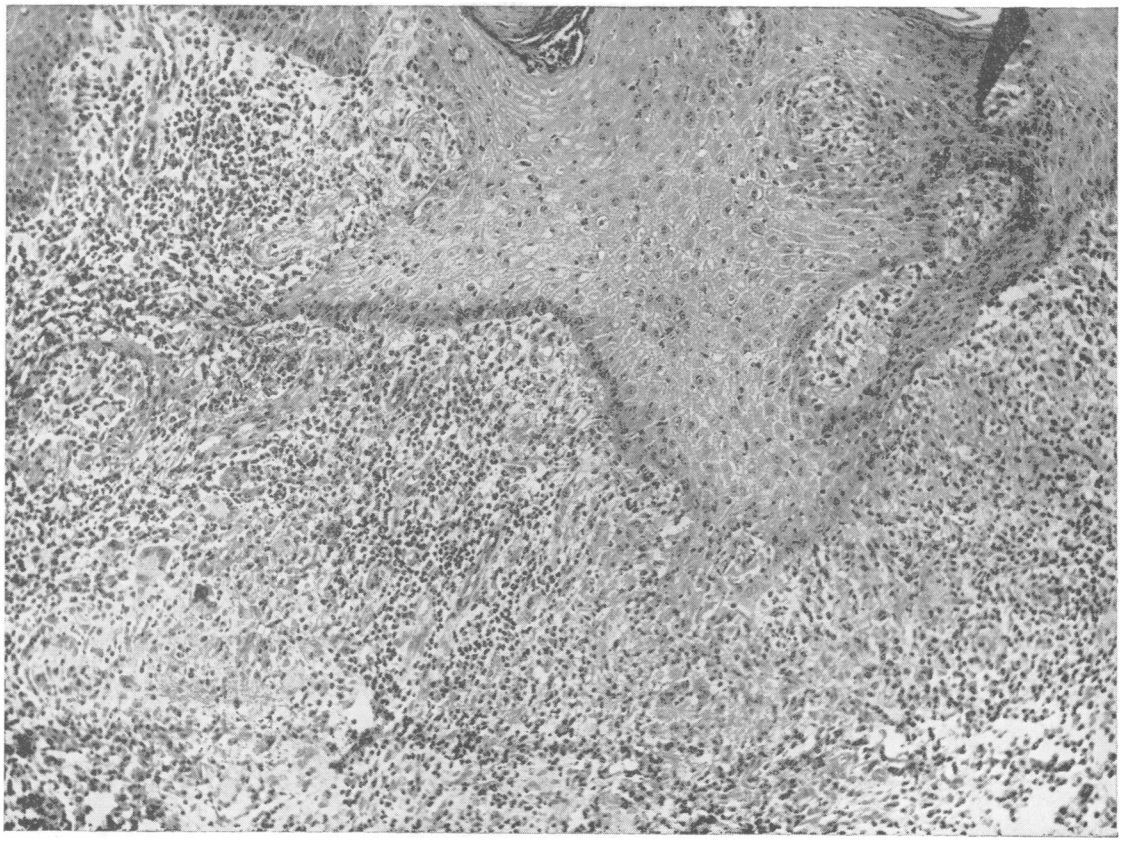

FIG. 2.—Photomicrograph, showing dense granulomatous infiltrate in the entire dermis. Giant cells and areas of caseation necrosis are prominent. There is some evidence of endarteritis (× 106).

*Biopsy of Lesion:* A massive granulomatous reaction was present in the entire dermis composed of lymphocytes, plasma cells, histiocytes, fibroblasts, epithelioid cells, and giant cells with areas of caseation necrosis. Some of the vessels showed an endarteritis. No tubercle bacilli were seen (Fig. 2). Comment: "Gummatous syphilis".

The cerebrospinal fluid and radiological examination of the aorta were normal.

A "thumb-nail" sketch of the primary chancre (Fig. 3) was found in the patient's old case notes and this showed that the site of the primary lesion coincided with that of the tertiary lesion.

*Treatment and Progress.*—A therapeutic test with potassium iodide (5 mg. three times daily) for one week followed by six weekly injections of bismuth hydrochloride (0·2 g.) were given. The lesion healed promptly. After healing had occurred further penicillin was given.

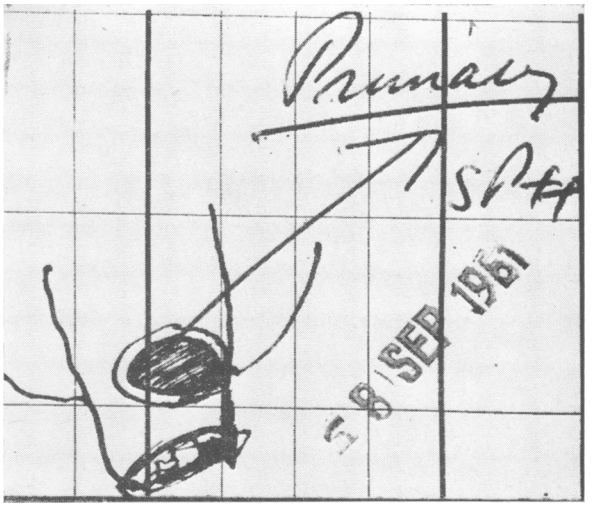


FIG. 3.—Diagram taken from the patient's original case notes (1951), showing site of primary chancre. This coincides with the position of the tertiary lesion (1963).

## Discussion

The diagnosis of pseudo-chancre redux was based on the clinical and microscopic appearances together with the therapeutic response to iodides and bismuth; the negative serology was unexpected. Although the standard serology is usually and the TPI test almost invariably positive in the presence of gummatous syphilis, exceptions have been reported. Joulia, Le Coulant, Texier, and Fruchard (1955) described a patient aged 70 years who had a gumma on her palate and a tertiary lesion on her face, whose TPI test was negative while her Wassermann reaction was strongly positive. Eng (1959) reported a patient with treated congenital syphilis with healing gummatous perforations of the palate in whom the Wassermann reaction was persistently negative, and the TPI test varied from positive to negative. Collart, Borel, and Durel (1962) have recently shown experimentally that systemic steroid therapy may reactivate treponemes in late treated syphilis, but our patient had not received any steroids.

## Summary

A patient with treated early syphilis developed a pseudo-chancre redux; the standard serological tests and the TPI, RPCF, and FTA tests were all negative.

We are grateful to Dr C. S. Nicol and Dr G. C. Wells for permission to publish this case and to Miss S. Irving for secretarial assistance. The clinical photographs were provided by the Photographic Department, St. Thomas's Hospital, and the photomicrograph by the Histology Department, St. John's Hospital for Diseases of the Skin.

## REFERENCES

Collart, P., Borel, L-J., and Durel, P. (1962). *Ann. Derm. Syph. Paris*, **89**, 488.

Eng, J. (1959). *Brit. J. vener. Dis.*, **35**, 238.

Joulia, P., Le Coulant, R., Texier, L., and Fruchard, J. (1955). *Bull. Soc. franç. Derm. Syph.*, **62**, 407.

Stokes, J. H., Beerman, H., and Ingraham, N. R. (1944). "Modern Clinical Syphilology", 3rd ed., Saunders, Philadelphia.

## Le pseudo-chancre rédux séro-négatif

### RÉSUMÉ

Un malade atteint de syphilis déjà traitée eut ensuite un pseudo-chancre rédux; tous les tests sérologiques furent négatifs—y compris l'immobilisation des tréponèmes (TPI), la fixation du complément contre la protéine de Reiter (RPCF), et l'anticorps fluorescent tréponémal (FTA).